

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).)</i>		Docket Number (Optional) 77012 - 325124
Application Number    10/750,576		Filed    December 30, 2003
For    CHAIR BACK REST WITH IMPROVED RESILIENCE AND SUPPORT		
Art Unit    3636	Examiner    WHITE, Rodney Barnett	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ <u>\$2,350.00</u>

☐ Applicant claims small entity status. See 37 CFR 1.27.  
☐ A check in the amount of the fee is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-0029. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the    ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ attorney or agent of record. Registration Number 55,172  
☐ attorney or agent under 37 CFR 1.34.  
 Registration number if acting under 37 CFR 1.34. \_\_\_\_\_

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<u>/Benjamin S. Fernandez/</u> Signature <u>Benjamin S. Fernandez</u> Typed or printed name	<u>June 22, 2011</u> Date <u>303-607-3709</u> Telephone Number
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.